



Application for Change of Corporation, Partnership or Limited Liability Company Community Association Manager License

Section 1: Entity Information

Current Company Name: _____

Trade Name (if any): _____

Entity License # _____

*Business Address: _____

City, State, Zip: _____ Phone: _____

*P.O. Box for Mailing Purposes: _____

City, State, Zip: _____ Email: _____

Note: A P.O. Box is not acceptable in lieu of a physical address. **You must list a physical address.**

*Please note if this is an update to the current address on file with the Division

Please indicate the manner in which the business entity is currently licensed:

_____ **Corporation** _____ **Limited Liability Company** _____ **Partnership (all types)**

Section 2: Designated Manager Information

(First Name) (MI) (Last Name) (License Number)

Indicate designated manager license status:

_____ Current designated manager for the business entity named above as reflected in DRE records.

_____ Applying to be the new designated manager for the business entity named herein.

_____ Reactivation of currently licensed business entity.

Date of Birth Place of Birth Last 4 Digits of SSN

Physical Address City State Zip Code

Home Phone Mobile Phone Email

Mailing Address (if different from above) City State Zip Code

<http://dora.colorado.gov/dre>



Section 4: Errors and Omissions Insurance & Crime Fidelity Policy Information

Every active community association manager's entity license shall have in effect a policy of errors and omissions (E&O) insurance and a crime fidelity bond to cover all acts requiring a license. These policies must meet with the requirements listed in Rule D-9 and D-10. Please initial the appropriate selection below (or enter "N/A" if the selection does not apply):

(E&O Insurance Company)

(E&O Policy Number)

(Effective Date)

(Expiration Date)

☐ Crime Fidelity Coverage in Effect

I hereby certify that the coverage listed in this section complies with the requirements listed in CAM Rule D-9 and D-10.

(Print Name)

(Signature)

(Date)

Section 5: Indicate the changes to be made

☐ Change Name of Business Entity to: _____
(Print New Business Name)

☐ Add or Change Trade Name to: _____
(Print New Trade Name, if any)

- You **must** include a stamped copy of the filing and authorization of the name changes as issued by the Secretary of State.

☐ Reactivate an inactive business entity license:

- Include current Certificate of Good Standing as issued by Secretary of State

By signing this form, I certify that:

- I have been chosen as the designated manager by the proper officers, managers, members and or partners of the above listed business entity.

☐ Change the current designated manager of record for the business entity to the person listed in section 2 of page one:

By signing this form, I certify that:

- I have been chosen as the designated manager by the proper officers, managers, members and or partners of the above listed business entity.

- I have notified the previous designated manager of this change pursuant to C.R.S. 12-61-1008

Please indicate the disposition of the previous designated manager's license:

☐ To be transferred as a CAM licensee working for this business entity, transfer information completed in Section 6 of this application and payment enclosed.

☐ The current designated manager will separately submit the forms pertaining to license status and disposition.

Please make the changes and issue my license as indicated in this application. I declare under penalty of perjury that, unless exempt, I have complied with the continuing education requirements listed within CAM Rule B and have complied with the errors and omissions insurance and crime fidelity requirements listed in 12-61-1004 C.R.S. and CAM Rules D-9 & D-10.

APPLICANT SIGNATURE _____ DATE _____



Section 6: Licensees Transferring to This Company (optional)

Please Note:

- Do not include designated manager on this list. The designated manager is included with initial application fee.
- You must include an additional fee for each licensee listed below.
- Each individual listed below must carry an E&O policy in compliance with applicable statute and rule.
- By signing below, each individual declares under penalty of perjury that s/he has complied with continuing education requirements pursuant to CAM Rule B.

_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)
_____ (Print Licensee Name)	_____ (License Number)	_____ (Licensee Signature)

I, the manager applicant listed on page one of this application, hereby request that the persons listed above be transferred to employment under my company license. I have informed the licensees of the written office policy and I will properly supervise these employees during the period of time of employment with me pursuant to CAM Rule F-9.

(Print Name of Designated Manager)

(Signature of Designated Manager)

(Date)